V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

36
4
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37039

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Sullivan, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North Side Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks. 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 36

(a) State: Missouri (b) County: Franklin 0

(c) City or town: Gerald (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Henry Charles Wolff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Katie Matillida Wolff

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Feb. (Month) 4 (Day) 1881 (Year)

8. AGE: Years 61 Months 9 Days 4 If less than one day hr. min.

9. Birthplace: Morrison, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Louis Wolff
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Margaret Elizabeth Thee
15. Birthplace: Warren county (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Katie Matilda Wolff
(b) Address: Gerald Mo.

17. (a) Burial, removal (Burial, cremation, or removal) (b) Date thereof 11 (Month) 11 (Day) 42 (Year)
(c) Place: burial or cremation: Champion City Methodist

18. (a) Signature of funeral director: Ernest L. Altman
(b) Address: Gerald Mo.

19. (a) 11-11-42 (Date received local registrar) (b) Gilbert Gilkaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th. 1942
year 1942 hour 9-15 P.M. minute M.

21. I hereby certify that I attended the deceased from Oct. 21st. 1942, 19, to Nov. 11th., 19 42, that I last saw him alive on Nov. 8th., 19 42, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Uremic Coma	
Due to: Chronic Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

1216

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: Samuel R. Leonard M.D. (M. D. or other)
Address: North Side Hospital Sullivan Mo. (Date signed)

1121

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernst L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.